

### **School District Claim for** State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

0.80

1.65

DUE
DATES

2

2

2201

2325

Yes

No

**Second Semester** First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District: District Level: 56 Yellowstone 0965 Billings Elem Elementary District Contract Daily # of Days Transported # # Shared Family's Name Rate 2 2185 No BJORK, JENNIFER 2.15 2 2186 No BUTLER, STEVEN 0.95 2 2188 CANTON, DIANE L No 2.15 2 2190 No GAR, LANA 0.25 2 2191 GECK, LEAH No 1.10 2 2192 No GOICH, STACEY 1.70 2 2193 Yes JUNG, AMY 0.50 2 2194 FLEMING, PAM 0.90 No 2 2195 JOHNSON, SHANE No 0.85 2 2196 RAPACZ, KRISTIN No 1.35 2 2198 Yes McLEOD, DONA 0.45 2 2199 MORRIS, BETH Yes 0.50 2 2200 TEMME, LOWELL H No 1.00

TR-5 (1/05) Page 1

WISLER, JEANNIE & JOHN

Grygiel, Laurie A

0	PI	

# **School District Claim for** State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

1.20

<b>DUE</b>
DATES

2

2375

No

Clark, Guy

**Second Semester** First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning 20 and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 56 Yellowstone 0966 Billings H S **High School** District Contract Daily # of Days Transported # # Shared Family's Name Rate 2 2184 No AABY, LIESA 0.45 2 2187 No BROWN, DELILAH 1.70 2 2189 No ENDRES, JILL C 0.75 2 2193 JUNG, AMY Yes 0.50 2 2197 No MacDonald, DAN 0.65 2 2198 Yes McLEOD, DONA 0.45 2 2199 Yes MORRIS, BETH 0.50 2 2201 WISLER, JEANNIE & JOHN 0.80 Yes 2 2202 WHITTENBERG, GAYLE No 0.80 2 2280 Roberts, Kelli M Yes 0.12 2 2281 Yes Kennedy, Cindy 0.50

PI

### School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

#### Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0967 Lockwood Elem 56 Yellowstone Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 26 2326 No Doney, Nacie 0.25



# School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

DUE
DATES

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

### COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

	This claim is for the period beginning		, 20	_ and ending		, 20	
		month	day		month	day	
-	CEDTIEICATION.						

### **CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

56 Yellowstone	0968 Blue Creek Elem	Elementary
County:	District:	District Level:
	Signature, Share of Trastees	
Date	Signature, Chair, Board of Trustees	

50 Tellowstone		ie	0908 Dide Creek Elem	Elementary	
District Contract # Shared		Shared	Family's Name	Daily Rate	# of Days Transported
3	2156	No	MERCHANT, TIFFANY	1.75	-
3	2157	No	ANDERSON, SUSAN	0.25	
3	2158	No	BELL, CARLA	1.50	
3	2159	No	CLARK, LESLIE	1.00	
3	2160	No	EGAN, SHAWN	0.90	
3	2161	No	EISELE, LAURIE	1.55	
3	2162	No	GILLESPIE, TERRI	1.40	
3	2163	No	GREENWOOD, JENNIFER	1.30	
3	2164	No	HEGG, ROBERT	0.25	
3	2166	No	HENNEBERRY, MICHELLE	0.25	
3	2167	No	HOBZA, KATHY	0.75	
3	2168	No	HUFF, MICHAEL	0.50	
3	2169	No	KEMMICK, PAMELA	0.30	
3	2170	No	KOSSMAN, SHELLY	0.25	
3	2171	No	KREBILL, KAREN	1.85	
3	2172	No	LOWE, ROBERT & LORRETTA	0.75	
3	2173	No	MALCOMSON, LAURA	0.25	
3	2174	No	McCOMBS, SUE	0.50	
3	2175	No	McNEIL, JULI	1.05	
3	2176	No	MEGORDEN, RHONDA L	1.00	
3	2177	No	OLSEN, JANINE	0.75	
3	2178	No	PENNINGTON, MARYA	1.75	
3	2179	No	SATTLER, ROMA	0.65	
3	2180	No	SCHMITZ, BECKY	1.20	
3	2181	No	TENNYSON, WYNN D	1.65	
3	2182	No	WHITE, KIM & CHRIS	0.35	
3	2183	No	WILCOX, AMANDA	0.00	
3	2280	Yes	Roberts, Kelli M	0.13	
3	2281	Yes	Kennedy, Cindy	0.50	

PI

# School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

#### **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 56 Yellowstone 0975 Custer K-12 Schools **High School** District Contract Daily # of Days Transported # # Shared Family's Name Rate 15 2154 No KELLER, STUART & COLLEEN 5.50 LARICK, MARLA 15 2155 No 1.25

0	PI

# **School District Claim for** State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

DUE
DATES

**First Semester** February 15 to State Superintendent

**Second Semester** May 24 to State Superintendent

#### February 1 to County Superintendent May 10 to County Superintendent **S**: COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0983 Huntley Project K-12 Schools 56 Yellowstone **High School** District Contract Daily # of Days Transported # # Shared Family's Name Rate 24 2152 No REITMAN, ROGER 0.55 THOMAS, DIANA 24 2153 No 2.13 24 2165 No UFFLEMAN, KENNETH 2.50

PI

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

### School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

#### Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0985 Shepherd Elem 56 Yellowstone Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 37 2287 No Jackson, Linda 5.50

PI

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

# School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

#### Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 56 Yellowstone 0987 Pioneer Elem Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 41 2150 No CASEY, KELLAN & BRENDA 0.25 NISSEN, JEFFRY & ANNIE 41 2151 No 0.25